

# Wisconsin Department of Regulation & Licensing

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## DIVISION OF ENFORCEMENT

### REPORT OF CONVICTION

**If you have been convicted of a felony or misdemeanor** in this state or elsewhere, you are required to notify the Department in writing of the date, place and nature of the conviction within 48 hours after the entry of the judgment of conviction. To report a conviction, **complete this form and return it** to the Department.

The information requested on this form will be used to determine whether the circumstances of your conviction substantially relate to the circumstances of the profession for which you are licensed. The Fair Employment Act (Wis. Stat. §§ 111.31-111.395) generally prohibits employment discrimination on the basis of conviction record unless the circumstances of the conviction substantially relate to the circumstances of the particular job or licensed activity. The information you provide on this form may be verified against criminal information records. If more than 48 hours have passed since your conviction, you should still submit this form. You may provide an explanation for any delay in reporting on the space for comments below. Failure to report a conviction may constitute independent grounds for the imposition of discipline against your license.

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth	Type of Credential and License Number
_____ month          day          year	_____

Please list below a description of the circumstances of your conviction(s).

<u>OFFENSE</u>	<u>DATE</u>	<u>CITY/STATE</u>

Attach additional sheet(s) if necessary.

It is your responsibility to submit certified copies of the police report or criminal complaint and judgment of conviction to the Department. If you are sending copies under separate cover, please explain in the comments section below.

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		<u>YES</u>	<u>NO</u>
1.	Have you been sentenced?	<input type="checkbox"/>	<input type="checkbox"/>
	If Yes, have you been sentenced to participate in an alcohol or other drug? assessment, treatment or counseling program?	<input type="checkbox"/>	<input type="checkbox"/>
	(Check all that apply)	<u>YES</u>	<u>NO</u>
2.	Have you been sentenced to:	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Probation?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Parole?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Ordered to pay restitution?	<input type="checkbox"/>	<input type="checkbox"/>

**If you are currently on probation or parole, please request your probation/parole officer to send a letter describing your current probation/parole requirements.**

Comments you wish to make regarding your conviction. Attach another sheet if necessary.

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## AFFIRMATION

I state that I am the person referred to in this document and that all the information which I provided above is true in every respect.

_____ Signature	_____ Date
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